State of Illinois Department of Employment Security www.ides.illinois.gov

Name: (printed)

Title:



## Athlete or Ancillary Personnel Between Sports Seasons Questionnaire - Employer

Claimant Information:					
Last Name:	First Name:	N	/II: SS	N:	
Employer Name:		Employer	Account #	<b>#</b> :	
(Este es un documento importante. Si uste	d necesita un intérpre	te, póngase en contac	to con su	oficina loca	al.)
The claimant has filed a claim for Unemployme benefits under Section 613, of the Illinois Uner Department of Employment Security Reporting	mployment Insurance A				
If you need additional space, please use the o	other side of this docum	ent, if appropriate, or a	ttach a sepa	arate sheet (	of paper.
The department has received information that Under Section Code 613 of the Illinois Unemplor of wages for any services if substantially all of preparing so to participate, for any week which sport seasons (or similar periods), if the individuative is reasonable assurance that the individuative information you provide will be used for the will result in a determination based on the available.	loyment Insurance Act, such services consist on begins (after December dual performed such ser ual will perform such ser ne purpose of determining	an individual shall be in of participating in sports or 31, 1977) during the rvices in the first of such rvices in the later of such	eligible for or athletic operiod betwo seasons ( ch seasons	benefits, on events or tra reen two suc or similar) p (or similar p	the basis lining or ccessive eriods and eriods).
56 III. Adm. Code 2720.1 provides that a "party protest to that claim for benefits. Only a party I claimant's eligibility.					
Responding with this questionnaire does not e Ineligibility or letter in lieu thereof, you will rece Ineligibility or letter in lieu thereof and wish to p immediately. The timeliness of your protest will	eive a determination on protest this claim under	this issue. If you have r this or any other issue,	not submitte you should	ed a Notice of file your pro	of Possible otest
This state agency is requesting information tha 405/100-3200. Disclosure of this information is erroneous payment of Unemployment Insuran payments in lieu of contributions.	s voluntary. However, fa	ilure to disclose this inf	ormation m	ay result in t	the
Thank you for your cooperation in this matter.					
Section A: Athlete Information					
Did the claimant participate in sports or athlet to participate in sports or athletic events since If No, please sign and return this questionn	e his/her base period be	eginning date	g ?	Yes	No
If Yes, in what sport did the claimant partic		nadon lo nocaca.			
	ipale!				
What was the claimant's position or job title?					
What were the start and end dates of the clair	• •	ing the official sport sea	ason?		
From: / / To  Do you expect the claimant to return to perfor		novt coccen?		Yes	No
If Yes, does the claimant have a contract for		next season:		Yes	No No
What will be the start and end dates?	From: /	/ To:	/	res /	No
Section B: Signature	1 10111. /	, 10.			
Signature:			Date:		

Telephone Number:

Ext.: